## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582677

FILING DATE

PPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1" AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.		#	7	1		1
TOTAL DEP.		<b>+</b>	19	<b>+</b>		<b>+</b>
TOTAL CLAIMS		17 <b>18</b> 51.1	20	4-4		A 40 1
PTO 1260			v			A

PTO - 1360 (REV. 11/04)

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TOTAL IND.		+		♣		+
TOTAL DEP.		<b>+</b>		<b>+</b>		<b>+</b>
TOTAL CLAIMS		\$ \$ B		1.0		

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